PTO/SB/06 (07-06)

Approved for use through 1/31/2007. OMB 0651-0032
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U.S. Patent Deby 1/31/2007

PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 10/531,771			ling Date 03/2005	To be Mailed
APPLICATION AS FILED – PART I (Column 1) (Column 2)							SMALL ENTITY				HER THAN
⊢	FOR		NUMBER FILED		NUMBER EXTRA		RATE (\$)	FEE (\$)	OR	RATE (\$)	FEE (\$)
	BASIC FEE		N/A	.ED INON	N/A		N/A	FEE (4)		N/A	FEE (#)
┝	(37 CFR 1.16(a), (b), o	or (c))							ł		-
片	(37 CFR 1.16(k), (i), c		N/A	$-\!\!\!\!\!-$	N/A		N/A			N/A	
<u></u>	(37 CFR 1.16(o), (p), o		N/A		N/A		N/A			N/A	
(37	TAL CLAIMS CFR 1.16(i))		minus 20 = *				x \$ =		OR	x \$ =	
	DEPENDENT CLAIM CFR 1.16(h))		minus 3 = *				x \$ =			x \$ =	
	APPLICATION SIZE (37 CFR 1.16(s))	FEE shee is \$2 addit	ts of pape 50 (\$125 tional 50 s	gs exceed 100 on size fee due for each on thereof. See CFR 1.16(s).							
	MULTIPLE DEPEN	IDENT CLAIM PR	ESENT (3	7 CFR 1.16(j))]			1		
* If 1	the difference in colu	umn 1 is less than	r "0" in column 2.		TOTAL]	TOTAL			
APPLICATION AS AMENDED - PART II (Column 1) (Column 2) (Column 3)										ER THAN ALL ENTITY	
AMENDMENT	11/17/2009	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
<u> </u>	Total (37 CFR 1.18(i))	• 19	Minus	20	= 0		X \$26 =	0	OR	x s =	,
Z	Independent (37 CFR 1.16(h))	• 3	Minus	***3	= 0	1	X \$110 =	0	OR	x s =	
Ĭ,	Application Size Fee (37 CFR 1.16(s))										
۱	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR		
							TOTAL ADD'L FEE	0	OR	TOTAL ADD'L FEE	
L		(Column 1)		(Column 2)	(Column 3)						
		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
Z I	Total (37 CFR 1,16(i))	*	Minus		=]	x \$ =		OR	x s =	
AMENDMENT	Independent (37 CFR 1,16(h))		Minus	***]	x \$ =		OR	x s =	
	Application Size Fee (37 CFR 1.16(s))]			l		
ΑM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))					1			OR		
Γ						•	TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
If the entry in column 1 is less than the ontry in column 2, write 0" in column 3. If the "Highest Number Previously Paid For NT HIS SPACE is less than 30, enter "20". "If the "Highest Number Previously Paid For NT HIS SPACE is less than 3, enter "3". "If the "Highest Number Previously Paid For NT HIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For NT HIS SPACE is less than 3, enter "3".											

This collection of information is equated by 37 CER. 1.16. The information is required to obtain or retain a bearful by the public which his lost life light by the USFTO to monoceal an implication. Confidentially is governed by 80 Sec. 22 and 37 CER 1.14. This collection is estimated in the 92 annution to complete a position form to the USFTO. Time well vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or seggestions for motioning this burdon, about the sent to the CERT information Officer. U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandrius, VA 2213-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandrius, VA 2213-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandrius, VA 2213-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandrius, VA 22313-1450.